

Executive Committee

Thursday October 25, 2012

2:00pm – Department of Administration Conference Room A

Meeting Minutes

Attendees: Lt. Governor Elizabeth Roberts, Health Insurance Commissioner Christopher Koller, Governor's Policy Director Kelly Mahoney, Secretary of Health and Human Services Costantino

Absent: Director of Administration Richard Licht

- I. Call to Order – Lt. Governor Roberts called the meeting to order at 2:00pm. She welcomed the members, and advised that we would change the order of the agenda a bit to accommodate schedules, and begin with traditional item #3, the State Innovation Model Grant
- II. State Innovation Model (SIM) Innovation Grant – Presentation by Dan Meuse (slides available upon request and online)
Questions/Comments:
 - a. Lt. Governor Roberts: I will turn to the audience to see if the public has any question on this?
 - i. Betsy Loucks, HealthRight: Will one of the results of the planning, or next grants, be a statewide plan, a coordinated health plan?
 1. Dan Meuse: We expect that - as we are developing a plan, we are trying to develop a number of different ways that the funding would be used to provide multi-funding support for coordinated planning for the future. Through this planning process over the next 6-8 months we will continue that discussion and I would expect that to be on the list of those projects.
 - ii. Ed Quinlan, HARI: Will the application be placed online?
 1. Dan Meuse: It is not yet, but will be in the coming days.
- III. Major State Data and Analytic Initiatives Supporting Healthcare Transformation - Presentation lead by Jennifer Wood, Tricia Leddy, Elena Nicolella, Dan Meuse, Kim Paull, Angela Sherwin, Dr. Fine, and Amy Zimmerman. [Slides available upon request and online]
Questions/Comments during presentation
 - a. Lt. Governor Roberts: Is there standardization across states for data on APCD?
 - i. Tricia Leddy: Among states that have APCDs there is a standardization beginning. We will not be able to benchmark everything, but benchmark as much as we can?
 - b. Secretary Costantino: Where is Medicare in all of this?
 - i. Tricia Leddy: we are going to get commercial health insurers, Medicaid and Medicare fee for service in this. Medicare will be under a new application to have one state agency in state

government have the Medicare data, and then under the Medicare use agreement, that state agency would be responsible that if another state agency used it would be an amendment to the DUA under the broad DUA. We will get Medicare data, it will have identifiers, it will go into the APCD de-identified. However, because Medicaid needs a dual file, in this RFP I have a separate task with the Medicare/Medicaid data.

- ii. Secretary Costantino: I just ask, as there has been a history of complicated Medicare data across the country.
- iii. Tricia Leddy: Absolutely, this is a new initiative that has been laid out in the past few months.
- c. Commissioner Koller: I heard a presentation by ARC by some of the state level data they have, and it is more than I thought. It is good that the APCD council is trying to standardize. Where are we with coordination around the claims data that the Quality Institute has as a part of the Beacon Project?
 - i. Tricia Leddy: They do have a lot of claims; it is basically utilization data. The coordination is that we will have shared each other's file layouts, they will be using that until next year and then the APCD will be in place for analytics. I am hoping that this APCD analytic vendor can serve that purpose under the data release agreement.
- d. Lt. Governor Roberts: Do I understand that you have a common identifier and you can attach services across a range of entities and state services?
 - i. Elena Nicolella: Yes, we could apply across a range of Medicaid and food stamps for example.
 - ii. Lt. Governor Roberts: have we created analytics yet?
 - iii. Elena Nicolella: No, one of the lessons we have learned is the design of the purchase of the data warehouse is to buy the technology, quickly ramp up state staff to be able to use it.
 - iv. Lt. Governor Roberts: Is it de-identified in a way that a researcher outside government could use it?
 - v. Elena Nicolella: Currently we have tiers of access, even within the state. The goal eventually will be to make it available to the public but not there yet.
- e. Commissioner Koller: Has the state performance management accelerated this or not yet?
 - i. Secretary Costantino: I think it is more the secretary's frustration in using this valuable thing that we have that has caused hesitation in the movement. For example, GoLocal did a story asking how many were on public assistance, unduplicated. You wouldn't believe how difficult it was to get that data. It has been very hard, and we have this, a great tool

that has not been utilized at its maximum. This should be on the website, this should be simple.

- ii. Commissioner Koller: Also linking data from different agencies, education, healthcare crime, and communication on how this can inform their efforts.
- iii. Secretary Costantino: There have been some initial meetings, not the follow up that has been expected, but working on it.
- f. Lt. Governor Roberts: There is a question from the public.
 - i. Ed Quinlan, HARI: Dan what is your confidence on being awarded?
 - 1. Dan Meuse: The confidence in approval is based on the structure of program. We have been investigating the number of states that have been awarded. We are confident that our proposal makes sense for the size of our states and the steps we are looking to state. There are those states that were making the application for a CSI like project, and we are further ahead of those states in that type of payment/delivery reform. Being in that second stage type planning, we expect that our application would then be looking upon favorably.
- g. Lt. Governor Roberts: The data itself, where is it coming from? Kim Paull: The data comes from the payers, based upon 2010 claims data, so from BCBSRI, United, Tufts, NHPRI, Medicare/Medicaid, self-insured, and TriCare.
- h. Lt. Governor Roberts: What about the type of data used – where are those data points coming from?
 - i. Dr. Fine: Probably the largest single source is BRFFS data, which has some advantages, but some limitations. We have some other data about health outcomes, issues of prevalence and disease.
 - ii. Lt. Governor Roberts: I know it can be difficult to estimate from that to the state level.
 - iii. Dr. Fine: It is usually taken on a state level, more difficult to drill down on a community level. There is not one single frame, this becomes the art of comparing frames, understanding the art of epidemiology, and understanding that communities may not think about health as we measure it, but often have their own interests and drivers.
 - iv. Lt. Governor Roberts: Does the data on this fill in some on the prior?
 - v. Dr. Fine: It is back and forth. What we try to do is pick and outcome measure that provides an example of what we are seeking.
 - vi. Lt. Governor Roberts: So what is the format for the reporting on the prior slide?

- vii. Dr. Fine: Hospitals have contracted for some reporting features. We will extract some of that information à la KIDS Count.
- viii. Commissioner Koller: Are the rows programs?
 - 1. Dr. Fine: Organized by programs. We are trying to add two or three a month, we are now at 28 or 29 programs, and I will not stop till I have one for every program and updated monthly.

IV. For Review Next Time, the Members Suggest:

- a. Secretary Costantino: I do want to ask some questions but that I do not need answered right now. I am concerned that there is duplication in all of this. We are really reaching out do interesting HHS analytics on top of all these. Has there been consideration of having EOHHS data warehouse to host, but not analyze, APCD data. I am just concerned that we have a lot of analytics going on, and I understand they are different, but they do not have to be. There will be some financial cliffs in all of this, whether it be two years, one year etc. At the end of the day, Medicaid tends to still be here. If it seems as if this is going to turn towards Medicaid paying for it, or much of it? If it has to be separated, it does, but I would like that future discussion.
- b. Kelly Mahoney: Would make the observation that we have made sizeable investments in data collection, do we have the capacity to analyze and use this data or are we constantly outsourcing. Is it worth considering to build that out internally as an opportunity? Would raise that for consideration.
- c. Lt. Governor Roberts: Is there any place aside from today where all of these are being planned and discussed so we talk to each other about them.
- d. Commissioner Koller: For part of the discussion next time, there has been a lot of a discussion about APCD governance, so include that?
- e. Lt. Governor Roberts: I am also wondering if we are considering duplicative data sets. Are we looking at data that might not be inside government but can be useful to us that exists at HARI, or Quality Partners, Quality Institute – have we explored the opportunities that exist outside that. Practically, we had (past tense) within the Health department a hospital quality-reporting piece; a quality reporting measurement for hospitals, nursing homes etc. I would like to know while we look at new avenues, what we had or what is there but not being utilized.

V. Public Comment:

- a. Shawn Donahue: On the slide for APCD, in regards to the funding source, I am wondering if considerations have been given to the ongoing compliance cost to provide the data. I would like to raise that for consideration. Also how do we deal with the challenge of self-funded qualified data.

VI. Adjourn – Next meeting November 15, 2012